

THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS 78712

REQUEST FOR REFERENCE

This form can be used in support of application for fellowships and assistantships).

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

(Applicant complete top section.)

1. Name of applicant _____ Social Security Number (required) _____ Date of birth _____

2. Graduate program to which application is being made _____ Semester/Year _____

3. (Optional) I hereby waive my right of access to the material recorded below.

Signature of Applicant _____ Date _____

4. Mail this form to: The University of Texas at Austin
Graduate Secretary, Department of _____
Austin, Texas 78712

To the Respondent: Please describe your judgment of this candidate's qualifications and promise, the candidate's intellectual ability, the candidate's motivation and capacity for research or for acquiring professional skill, the candidate's promise for a career in productive scholarship and effective teaching, and the quality of the candidate's previous work and of his or her character or personality. Please also check, for comparative assessment, the boxes below. Please use a separate sheet if your description is longer than this section allows. **If you use a separate sheet, please type SEE ATTACHED in the space below.**

I would compare the applicant with other students of the same level as follows:

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO INFORMATION
Intellectual Ability	☐	☐	☐	☐	☐
Writing Ability	☐	☐	☐	☐	☐
Speaking Ability	☐	☐	☐	☐	☐
Academic Preparation	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Teaching Ability	☐	☐	☐	☐	☐

I have known this applicant for ____ years.

During this time, the applicant was a/an: Undergraduate student ☐ Graduate student ☐ Assistant of mine ☐ Advisee of mine ☐
Departmental assistant ☐ Other (please specify) _____

In summary, I would give a/an: Very strong ☐ Strong ☐ Average ☐ Below average ☐ recommendation.

Recommendation with reservation (please specify) _____

Respondent's signature: _____ Title: _____ Date: _____

Place of employment: _____

Name (printed or typed): _____ Address: _____

Please mail directly to the Department of Computer Sciences.